



POLICIES AND PROCEDURES

MONTGOMERY COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 522

PAGE

1 OF 4

DATE

September 19, 1989

TITLE EMPLOYMENT DRUG TESTING

DIRECTOR APPROVAL

A handwritten signature, likely of the Director, is written over the "DIRECTOR APPROVAL" text.

PURPOSE

- 1.0 Pre-employment drug testing is intended to prevent the employment of persons who abuse drugs or alcohol. The use of these substances by staff creates unsafe conditions for staff as well as the public. DFRS will undertake all possible efforts to prevent the occurrence of such unsafe and operationally ineffective conditions. This policy establishes the procedures for pre-employment drug testing of entry level job applicants.

DEFINITIONS

- 2.0 Pre-Employment Drug Testing - The process under which job applicants to a fire/rescue position are tested for illegal use of drugs. This includes completing a written questionnaire and submitting to a drug urinalysis collected by the Occupational Medical Section and analyzed by an authorized laboratory.
- 2.1 Authorized Laboratory - A laboratory licensed by the State of Maryland to conduct job-related drug testing. Each authorized testing laboratory must maintain a license to conduct appropriate testing as specified by the Maryland State Department of Health and Mental Hygiene's Division of Labor Licensure, Certification, and Training. A copy of the initial permit and subsequent permit renewals must be maintained by the Occupational Medical Section for each vendor agency used in connection with the application of this policy.
- 2.2 Job Applicant - Any individual, whether outside applicant or current County employee, applying for a position within DFRS in the firefighter/rescuer series.
- 2.3 Consent and Notification Form - A form all job applicants must complete and sign prior to the medical examination and background investigation. The consent and notification form authorizes the release of an individual's drug test results to DFRS for the purpose of determining if an applicant is suitable for employment. This form must identify the authorized laboratory, business address, and method of testing.
- 2.4 Drugs - Any substance producing mind or personality altering states as determined by the Occupational Medical Section of Risk Management in conjunction with the Department of Fire Rescue Services. Drugs also include substances illegal to use or possess, prescription drugs when used in an abusive manner, and alcohol. The substances subject to testing are listed in Appendix D.



POLICIES AND PROCEDURES

MONTGOMERY COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 522

PAGE

2 OF 4

DATE

September 19, 1989

TITLE EMPLOYMENT DRUG TESTING

DIRECTOR APPROVAL

- 2.5 Confirmed Positive Test Results - The result of a Radio Immunoassay Screen (RIA) or GC/MS confirmation test performed by a certified laboratory of a urine sample which indicates the presence, above the "cutoff" limit value, of one or more of the chemical substances defined as a drug or their metabolite.
- 2.6 Chain-of-Custody Procedures - Procedures outlined in Appendix C which define the steps taken to guarantee the applicant's confidentiality and the security of the drug testing process.
- 2.7 Cut-Off Levels - The level approved by the test manufacturer and the National Institute on Drug Abuse which accurately detects the presence of a drug sufficient to declare the test positive, expressed in relative parts per whole of the urine specimen.

PROCEDURES

- 3.0 All job applicants for any position within the Montgomery County Department of Fire and Rescue Services will be required to submit to a pre-employment urinalysis. Compliance with this requirement will be verified through the use of the Applicant Drug and Alcohol Testing Consent and Notification Form (Appendix A).
- 3.1 Each applicant must read and sign a Consent and Test Notification Form (Appendix A) and an Authorization for Release of Information Form (Appendix B). These forms must be signed prior to the urinalysis testing and witnessed by DFRS.
- 3.2 The applicant must report to the Occupational Medical Section where he/she will submit a urine specimen in accordance with Chain-of-Custody collection (Appendix C). Urine collection and maintenance is conducted in a manner which provides a consistently high degree of security for the sample and freedom from adulteration. Applicants will not be witnessed while submitting a sample unless there is reason to believe that the applicant may adulterate or substitute the specimen. A medical attendant of the same gender shall witness the urine collection if necessary. Administrative procedures and biological testing of the samples must be conducted to prevent the submission of fraudulent samples. A split sample must be reserved by the laboratory for confirmation testing. The applicant may also, at his/her choice and funding, have an independent test conducted by another State certified laboratory on the same urine sample.
- 3.3 The Occupational Medical Section must maintain the chain-of-custody of the specimen, utilizing the procedure contained in Appendix C of this policy.



POLICIES AND PROCEDURES

MONTGOMERY COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 522

PAGE

3 OF 4

DATE

September 19, 1989

TITLE EMPLOYMENT DRUG TESTING

DIRECTOR APPROVAL

- 3.4 The laboratory will test the specimen submitted using an immunoassay screen. All positive results will be confirmed using Gas Chromatography/Mass Spectrometry (GC/MS). Specimens will also be tested to determine if they have been diluted or adulterated. The laboratory will maintain and record the chain of custody of each specimen. If the applicant elects to have another laboratory test of his/her specimen, the laboratory will send part of the same specimen to the second laboratory. The laboratory will store frozen for a period of one year any specimen which tested positive.
- 3.5 The testing laboratory must conduct the urine drug screen and report the findings in writing to the Occupational Medical Section. The results must be treated with the same confidentiality accorded other medical records. All drug test results must be reported in writing to the Occupational Medical Section where they will be reviewed and interpreted along with the applicant's medical history and other relevant information by the Employee Medical Examiner. If the Employee Medical Examiner determines there is a legitimate medical explanation for the positive test result and no evidence of drug abuse, the test results will be reported to the Department as negative. A "confirmed" positive test result will be reported only if the Employee Medical Examiner has reviewed the medical history and other information offered by the applicant and has concluded that the results were due to the use of drugs or alcohol. The specific results of the drug test are confidential. Only a "positive" or "negative" will be reported to DFRS.
- 3.6 Within 30 days of a confirmed positive test result, applicants will be sent a copy (by certified mail) of the lab report, the Department's written policy on Employment Drug Testing, and a request for written notice of the employee's intentions regarding employment.
- 3.7 The laboratory must send confirmed positive test reports by courier to the Employee Medical Examiner. The report will include the results of both the initial screening test and the confirmation test. The laboratory's toxicologist must send a confidential letter to the Employee Medical Examiner certifying the accuracy and reliability of the confirmed positive test results and adherence to chain-of-custody procedures.
- 3.8 If feasible, the Employee Medical Examiner will inform the applicant of a confirmed positive test result prior to notifying the Department of Fire and Rescue Services. The applicant will have the opportunity to discuss the test results with the Employee Medical Examiner.
- 3.9 The Employee Medical Examiner will review the applicant's history to learn whether a medication or food substance may have created a false positive result. If the physician suspects a false positive result, the applicant must submit documentation of prescribed medication ingested and/or submit to another drug screen.



POLICIES AND PROCEDURES

MONTGOMERY COUNTY

DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 522

PAGE

4 OF 4

DATE

September 19, 1989

DIRECTOR APPROVAL

TITLE EMPLOYMENT DRUG TESTING

- 3.10 If the applicant has a confirmed positive drug test result, the Employee Medical Examiner will advise the individual of counseling and rehabilitation resources.
- 3.11 The Department of Fire and Rescue Services will be notified of a confirmed positive drug test by the Employee Medical Examiner after the applicant has been notified. If the applicant is not immediately available for notification, the Department of Fire and Rescue Services will be notified to terminate the application process.
- 3.12 If an applicant has a confirmed positive drug test result and the individual has indicated on the test notification form a desire for retesting at another laboratory, the OMS will notify the laboratories involved. The first laboratory is responsible for transporting the specimen to the second laboratory while maintaining chain-of-custody procedures. The second laboratory will send a report of retesting and documentation of chain-of-custody to the Employee Medical Examiner with a copy provided to the applicant.
- 3.13 The Director, DFRS, must consider the present use of drugs, as indicated by confirmed positive test result(s), as unacceptable.

APPENDIX A

APPLICANT DRUG AND ALCOHOL TESTING CONSENT AND NOTIFICATION

I, _____, fully consent to a urine screen for the presence of drugs. I understand that this is a condition of my employment.

I, _____, have been informed that _____, located at _____, is the State-certified laboratory which will perform drug and alcohol testing on my urine specimen collected on _____ in the Occupational Medical Section. I understand that I have the right to request independent testing of the same specimen at my own expense at another State-certified laboratory if my urine specimen tests positive for drugs or alcohol.

If the specimen submitted by Montgomery County for screening tests positive for the presence of drugs, I wish () do not wish () (check one) to have my specimen independently tested. I understand that failure to check one of the above constitutes a waiver of my right to have an independent test. If the County's test results are positive, I wish to have an independent test of my urine sample conducted by the following State-certified laboratory (select one from the list provided):

(If the applicant wishes to have an independent test conducted, he or she must select and identify an independent laboratory in the space above.) I understand that payment for independent testing at the above noted laboratory will be my sole responsibility. A statement of cost and the results are to be forwarded to me at the following address for payment:

Witness

Date

Applicant

Date

APPENDIX B

RELEASE OF INFORMATION

I, _____, authorize the release of my urine drug screen results obtained by the Montgomery County Occupational Medical Section to the Director, Montgomery County, Department of Fire and Rescue Services.

I have read and I understand this release. I understand that the information obtained will be considered when determining my suitability for employment as a firefighter/rescuer for the Montgomery County, Department of Fire and Rescue Services.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

Witness

Date

Applicant

Date

APPENDIX C

CHAIN OF CUSTODY PROCEDURE

1. The applicant must submit signed Consent/Test Notification and Release of Information Forms witnessed by a representative of the Occupational Medical Section prior to testing. A copy of each of these forms will be given to the applicant and the originals placed in the individual's medical file.
2. The applicant's identity will be accurately established by examination of a driver's license or other valid photo identification whenever possible. Both the photo and signature of the individual should be compared. A copy of the photo identification will be dated, initiated by an OMS staff person, and placed in the applicant's medical file.
3. The applicant must provide a medication history which includes any prescription drugs, and/or over-the-counter drugs, as well as any medications for sleeping, pain, depression, nausea, diarrhea, ulcers, seizures; laxatives, diet, heart conditions, allergy, cough and cold and vitamins taken within the last 30 days.
4. The applicant must provide a dietary history which covers the previous 48 hours.
5. The medical attendant must explain the collection procedure to the applicant.
6. The laboratory provides sealed urine containers to the OMS for drug screening. The medical attendant must check the container in the presence of the applicant to ensure that it is clean and has not been tampered with.
7. The medical attendant must open the container in the presence of the applicant and hand the open container to the individual as the applicant enters the bathroom. The bathroom is private and located within the clinic.
8. The applicant/employee may not take a coat, jacket, purse, bag, etc. into the bathroom.
9. Upon exiting the bathroom, the applicant must hand the specimen directly to the medical attendant waiting outside the bathroom door.

CHAIN OF CUSTODY PROCEDURE

10. The medical attendant must ensure that the sample is kept in visual sight of both the applicant and the medical attendant.
11. The specific gravity and pH of the sample will be ascertained immediately in the applicant's presence. If the specific gravity is 1.000 or below or 1.030 or above, the specimen must be discarded and another specimen will be collected under direct observation. If the pH is 5.0 or below 8.5 or above, the specimen must be discarded and another specimen will be collected under direct observation.
12. If direct observation of the urine collection is required, a medical attendant of the same sex must be present in the bathroom.
13. In the presence of the applicant, the medical attendant must immediately write the date and the applicant's name on the white label of the container and place a red confidential tape across the container's cap.
14. The applicant must immediately initial the white label on the container and the red "confidential" tape on the cap. The medical attendant must inform the applicant prior to initialing that initialing the specimen is the applicant's acknowledgement of ownership of the specimen.
15. The laboratory requisition form must be completed in the presence of the applicant. The applicant must check the accuracy of the identifying information. The name of the applicant must be identical on both the requisition and the specimen bottle. The applicant must initial the requisition form.
16. The requisition form must be accurately completed with the following information:
 - 1) name of the applicant/employee;
 - 2) whether the specimen collected was observed;
 - 3) whether the specimen was received directly from the applicant;
 - 4) the drug test profile number;
 - 5) the specimen collection date and time; and
 - 6) the signature of the person responsible for collecting, handling, storing or packaging the specimen at the collection site.

APPENDIX C, PAGE 3

CHAIN OF CUSTODY PROCEDURE

17. The original laboratory requisition must be wrapped around the specimen container and both will be sealed in a security bag provided by the laboratory. A copy of the requisition must be placed in an outside pocket on the same bag and sealed. A second copy will be placed in the applicant's medical file.
18. The sample must be stored in the OMS clinic refrigerator until picked up by the laboratory courier. The refrigerator is located in a secured area which is visible to the staff at all times.
19. Specimens will be picked up daily by the laboratory courier. If a specimen is collected after the daily pickup, the specimen must be secured under lock and key.
20. Both the courier and an OMS staff member must sign off in a log book attesting to an unbroken seal of the security bag.

APPENDIX D

LIST OF DRUGS TESTED

The following list contains the drugs which will be tested. Cutoff levels for these drugs are those approved by the test manufacturer and the National Institute on Drug Abuse.

Amphetamines
Barbiturates
Benzodiazepine
Cannabinoid
Cocaine
Methaqualone
Opiates
Phencyclidine
Methadone
Propoxyphene
Ethanol